Under the Paperwork Reduction Act of 1

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. NVENTOR PATRICK E. FEILI METHOD AND APPARATOS FOR MESEMBLINE AN ARRAY OF MILES First Inventor

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No.

*		
	ATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application
	cerning utility patent application contents.	Washington, DC 20231
	Form (e.g., PTO/SB/17) a duplicate for fee processing:	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. Applicant claims s See 37 CFR 1.27		8 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. Specification (preferred arrangement)	[Total Pages 24]	a. Computer Readable Form (CRF)
- Descriptive title	e of the invention be to Related Applications	b. Specification Sequence Listing on:
- Statement Reg	arding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or
or a computer	equence listing, a table, program listing appendix	i i. paper
- Background of	the Invention of the Invention	c Statements verifying identity of above copies
- Brief Description	on of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS
- Detailed Descr - Claim(s)	iption	Assignment Papers (cover sheet & document(s))
- Abstract of the	Disclosure	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney
4. Drawing(s) (35 L	J.S.C. 113) [Total Sheets [15]]	11. English Translation Document (if applicable)
Oath or Declaration	[Total Pages]	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
	uted (original or copy)	13. Preliminary Amendment
b. Copy from a (for continua	a prior application (37 CFR 1.63 (d)) ation/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	ION OF INVENTOR(S) atement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
named in	the prior application, see 37 CFR and 1.33(b).	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
6. Application Data	Sheet. See 37 CFR 1.76	17. Other: RECORDATION REQUEST
18. If a CONTINUING APPLI or in an Application Data Sho		pply the requisite information below and in a preliminary amendment.
Continuation	Divisional Continuation-in-part (CIP)	of prior application No :/
Prior application information	Examiner	Group Art Unit
		he prior application, from which an oath or declaration is supplied under
Box 5b, is considered a part o	f the disclosure of the accompanying contin	uation or divisional application and is hereby incorporated by reference.
The incorporation can only be		rtently omitted from the submitted application parts.
	19. CORRESPOND	ENCE ADDRESS
Customer Number or Bar C	ode Label	or Correspondence address below
Name	JOHN S FOSTER	
	4678 VIA HUERTO	
Address		
City	SANTA BARBARA	State CA Zip Code 93110
Country		Jephone (805) 681-2838 Fax 84961-2677
Name (Driet T. 11)		
Name (Print/Type)	JOHN S FOSTER	Registration No. (Attorney/Agent)
Signature	1 () ch 1. U-t	Date 1/11/0/

Burden Hour Statement: I his form is estimated to take 0.2 hours to complete. Hime will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of a collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to res

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMEN				
	TOTAL	AMOU	NT OF	DVAWEN.

(s) 435 ⁻

Complete if Known		
Application Number		
Filing Date		
First Named Inventor	FEIERABEND	
Examiner Name		
Group Art Unit		
Attorney Docket No.		

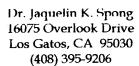
METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to: Deposit		mall		
Account Number	-	ntity Tee Fee Description	Fee Paid	
Deposit		Fee Description \$)	reeraiu	
Account Name	105 130 205 65	5 Surcharge - late filing fee or oath		
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 2	Surcharge - late provisional filing fee or cover sheet		
Applicant claims small entity status	139 130 139 130	0 Non-English specification		
See 37 CFR 1 27	147 2,520 147 2,52	20 For filing a request for ex parte reexamination		
2. Payment Enclosed: Check Credit card Money Order Other	112 920* 112 92	20" Requesting publication of SIR prior to Examiner action		
FEE CALCULATION	113 1.840* 113 1.8	840* Requesting publication of SIR after Examiner action		
1. BASIC FILING FEE	115 110 215 5	5 Extension for reply within first month		
Large Entity Small Entity	116 390 216 195	5 Extension for reply within second month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445	5 Extension for reply within third month		
404 740 004 055 11474 674- 6-	118 1,390 218 69	5 Extension for reply within fourth month		
106 320 206 160 Design filing fee	128 1,890 228 945	Extension for reply within fifth month		
107 490 207 245 Plant filing fee	119 310 219 15	5 Notice of Appeal		
108 710 208 355 Reissue filing fee	120 310 220 15	5 Filing a brief in support of an appeal		
114 150 214 75 Provisional filing fee	121 270 221 13	5 Request for oral hearing		
202222 (1) (2) 36 5	138 1,510 138 1,51	10 Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 355	140 110 240 5	5 Petition to revive - unavoidable		
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620	Petition to revive - unintentional		
Extra Claims below Fee Paid	142 1,240 242 626	0 Utility issue fee (or reissue)		
Total Claims 30 -20" = 10 x 9 = 40	143 440 243 220	[
Claims 4 - 3 - 1 \ 411 = 70	144 600 244 30			
Multiple Dependent = 13℃	122 130 122 130	Petitions to the Commissioner		
Large Entity Small Entity		Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 189	Submission of Information Disclosure Stmt		
Code (\$) Code (\$)	581 40 581 4	Recording each patent assignment per property (times number of properties)		
103 18 203 9 Claims in excess of 20	146 740 046 05			
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	146 710 246 35	55 Filing a submission after final rejection (37 CFR § 1.129(a))		
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 35	For each additional invention to be examined (37 CFR § 1.129(b))		
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 35	55 Request for Continued Examination (RCE)		
and over original patent	169 900 169 90	OO Request for expedited examination of a design application		
SUBTOTAL (2) (\$) 13C	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid *SUBTOTAL (3)				

SUBMITTED BY			Complete (if applicable)
Name (Print/Type)	JAGUELIN K. SPENE	Registration No (Attorney/Agent)	Telephone 408 -395 97 CK
Signature	deriveta / Spor		Date 1/12/2001

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December 16, 2000

Assistant Commisioner United States Patent and Trademark Office Washington, DC 20231

Dear Assistant Commissioner:

Please find attached a complete utility patent application for METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO-DEVICES. The following items are included in this transmission:

Declaration	PTO/SB/01	3 pages
Declaration (Additional Inventors)	PTO/SB/02	3 pages
New Utility Patent Application Transmittal	PTO/SB/05	1 page
Patent Application Fee Determination	PTO/SB/06	1 page
Assignment Papers	PTO/SB/15	8 pages
Assignment Recordation Cover Sheet	PTO/SB/1619	4 pages
Fee Transmittal	PTO/SB/17	1 page
Recordation Fee (check attached)	Altramatical and a second seco	1 check- \$40
Fee Transmittal	PTO/SB/17	1 page
Fee (check attached)		1 check-\$39T 449
Specification		24 pages
Drawings		pages
Self-addressed envelop		1 envelop

Please return this cover letter in the self-addressed envelop, as acknowledgment of receipt.

Sincerely,

Dr. John Foster